*** M. M.	APPLICATION	AN EEE F	STEDA	SINI AT	ION BEAC		^	bbacanor	or (ocket Nur	nper
		tive Octo			ION HECC	iko		04/	7 4	972	<u>-</u> -
	CLAIMS A	S FILED	- PART	1		SMAL	•		<u> </u>		
		(Column	n 1)	(Colu	mn 2)	TYPE	ב	"	OR		THAN YITING
TOTAL CLAIMS						RAT	E	FEE	1	RATE	FEE
FOR		NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	DASIC FEE	
TOTAL CHARGEABLE CLAIMS		/ minus 20-				XS	2		OR	X\$18=	
INDEPENDENT CLAIMS		J minus 3 =				X40				X80-	
AULTIPLE DEPE	RESENT					•		OR			
If the difference	in column 1 is	less than zero, enter "O" in column 2			+135	8		OR	+270=		
						TOTA	u		OR	TOTAL	40
	(Column 1)	MENDE!	(Colum		(Column 3)	SMA	LL E	MITTY	OR	OTHER SMALL	
	REMAINING		HEGH	EST	PRESENT		ì	ADDI-) 		ADDI
	AFTER AMENDMENT		PREVIO	YESTA	EXTRA	RATI		TIONAL FEE		RATE	TIONA
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FIRST PRESI	ENTATION OF ME	ULTIPLE DE	PENDENT	CLAIM		X405	-	/	OR	XB0≈	
						+135			OR	+270=	
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	(Column 1)		(Colum		(Column 3)		_		OR		
	CLAIMS REMAINING		HIGH NUM	EST BER	(Column 3)	ADDIT. F	Œ T	ADDI-	OR	ADDIT, FEE	
	CLAIMS		HIGH	EST BER SUSLY			Œ T	TIONAL	OR		TIONA
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Total Independent	CLAIMS REMAINING AFTER AMENDMENT 15	Minus	PREVIO	EST BER XUSLY FOR	PRESENT EXTRA	ADDIT. F	EE L	TIONAL	OR	RATE X\$18=	TIONA
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